Canada Mortgage and Housing Corporation
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Maintaining SENIORS' INDEPENDENCE

A Guide to Home Adaptations

Helping to house Canadians

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Maintaining
SENIORS' INDEPENDENCE
A Guide to Home Adaptations

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THE ASSESSMENT TOOL T1

Definitions

Autonomy:

Ability to undertake the various activities of daily living alone.

Loss of Physical Autonomy:

Inability to undertake the various activities of daily living (loss of autonomy) because of motor deficiencies, organic deficiencies, speech or sensory deficiencies.

Activities of Daily Living (ADL):

A number of tasks that people undertake, daily or regularly, and that are essential to their physical autonomy.

Deficiency:

A loss, defect or anomaly in an organ, a structure, or a mental , psychological , physiological or anatomical function (WHO, 1981).

Disability:

A partial or total reduction (resulting from a deficiency) of the ability to undertake an activity in a way or within the limits considered normal for a human being (WHO, 1981).

Functional Limitation:

Used in the text to designate a disability.

Abbreviations

ADL:	Activities of Daily Living.
WHO:	World Health Organization.
CLSC:	Initialism used in Quebec for Local Community Service Centre.
NA:	Not applicable.

INTRODUCTION

There is a direct relationship between aging and disability. While most older people carry out their daily activities with little effort or difficulty, for some, the activities of daily living become a challenge.

The ability to maintain control over one's immediate surroundings and to function freely in an environment that is safe, secure and appropriate is linked on the one hand to the characteristics of the individual (physiological, psychological) and on the other hand to the characteristics of the environment in which that individual lives (economic, social and housing).

For many seniors, living independently at home is a much less costly and much more welcome alternative to living in an institution. The design of much of our housing stock, however, does not allow for the increasing disabilities that sometimes accompany aging.

In 1987, just over 45 percent of Canada's elderly population said they had some difficulty in carrying out one or more of the Activities of Daily Living (ADL) – getting in and out of bed, for example, going up and down a flight of stairs, bathing, bending, reaching, handling objects, and cooking. Most of these older Canadians now live in their own homes (renting or owning); however, the percentage living in private homes decreases as they age. For example, while 96 percent of all disabled seniors between 65 and 69 years of age live in their own homes, only 57 percent of those over 85 live in private homes.*

Increasing limitations on their activity is one of the most important reasons why elderly people give up their homes to move into nursing homes or institutions. Studies in Canada and other countries show that many frail elderly people would prefer to live independently in their own homes for as long as possible. These studies also show the many social and economic benefits of enabling elderly people to remain in their homes.

Adapting their homes is one way to help elderly people maintain or restore independent lifestyles and stay in their own homes.

Project Scope

Under a program designed to explore options that can enable seniors with some loss of physical autonomy to maintain independent lifestyles, the Department of Community Health (DSC) at the Montreal General Hospital, in cooperation with several other organizations, is examining the potential of home adaptations to contribute to maintaining or restoring independence among elderly people.

The main objectives are to identify, implement and evaluate minor home adaptations that are easy and inexpensive to carry out and that help older people to continue the routine activities of daily living with some degree of independence. Examples of adaptations include the rearrangement of furniture or equipment; the installation of a shower seat or grab bars in the bathroom; the installation, replacement or relocation of kitchen cupboards, electrical outlets, handrails, and rods in clothes closets; and the installation of technical devices or other products designed to enhance security or functional capacity.

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* Source: *The Health and Activity Limitation Survey*, Statistics Canada, 1986-87.

The study is being carried out over three years in three phases:

Phase 1, which is the subject of this publication, involved developing and pretesting a questionnaire (called the Assessment Tool) for use in assessing the functional limitations of elderly people and identifying the ways in which their home environment could be adapted to aid them in undertaking the activities of daily living. This phase was carried out by the Department of Community Health (DCS) at the Montreal General Hospital with the assistance of a grant from Canada Mortgage and Housing Corporation under the terms of its External Research Program. The Association of Physicians of the Department of Community Health of the Montreal General Hospital funded the reliability test and pretest of the tool.

Phase 2, which is now underway, will include:

- selecting a sample of 400 frail elderly people who are at risk of being institutionalized, and assessing their functional limitations and home environment;
- dividing the sample into two equal groups, for control and demonstration purposes, and adapting the homes of the seniors in the demonstration groups to aid them in carrying out the activities of daily living.

Phase 3 will evaluate the impact of the home adaptations on the ability of participating seniors to maintain or restore their independence.

Phases 2 and 3 will be carried out by staff of the Department of Community Health of the Montreal General Hospital with sponsorship by the Conseil de la Santé et des Services sociaux de la région de Montréal metropolitain (CSSSRMM), the Fonds de la recherche en santé de Québec (FRSQ), the Société d'habitation du Québec (SHQ), and Canada Mortgage and Housing Corporation (CMHC).

A final report on the findings of phases 2 and 3 of the study is expected in 1991.

Case Study Examples

The aim of this project is to implement minor, inexpensive and practical adaptations in the homes of increasingly disabled elderly people. These adaptations will be custom designed to reflect the functional limitations and home environment of each individual senior. It is considered important not to over-adapt the environment, but to modify it in such a way that elderly people can make best use of their strengths and abilities.

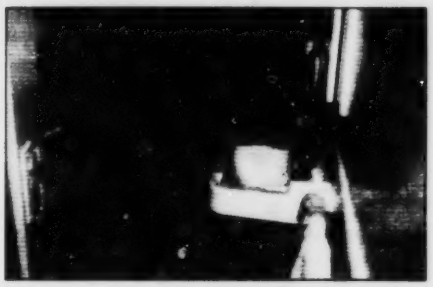
The assessment tool is designed to be used by an occupational therapist whose role is to examine the homes of elderly people in relation to the tasks they are increasingly unable to carry out on their own. This tool makes it possible to identify the barriers specific to each of the possible functional limitations of the elderly person. Once the environmental barriers have been identified, the necessary adaptation will be made by other team members, such as carpenters and designers.

To illustrate what is meant by "minor adaptations" to the homes of elderly people, the following three case studies are presented.

Case Study 1

Mrs. Benoit is 70 years old and lives alone in a one-and-a-half-room apartment located on the ground floor of an apartment building. As the result of a fall, Mrs. Benoit fractured her spinal cord. Her back is healing well, but the pain persists. Because she is afraid of injuring her back again, she has cut down her activities. She also suffers from a major malformation of the left wrist, has other medical problems and is unsteady on her feet.

The assessment of her home revealed a number of obstacles:



A support rail and tub seat make it easier and safer to take a bath.

- The kitchen cupboards were hard to reach, there were too few of them, and they were too high.
- Electrical outlets were inaccessible, Mrs. Benoit had to stretch and twist to reach the one at the back of the counter, a very difficult task for a small lady suffering from a stiff and painful back.
- Broken and cracked floor tiles stuck up despite Mrs. Benoit's efforts to tape them down. Nothing is more likely to cause falls.
- Mrs. Benoit was afraid to use the bathroom in case she slipped and fell.

Convienently located shelves aid in preparing meals.

A floor in good repair prevents accidents.

Although the assessment indicated that Mrs. Benoit's back condition could improve, some modifications were considered essential.

- The floor tiles were fixed; electrical outlets were relocated; and new, accessible shelving was installed under the kitchen cupboards.
- A support rail was added to the side of the bathtub. Now Mrs. Benoit will be able to get in and out of the bathtub without having to hold on to the soap dish, the shower curtain, or the sink.

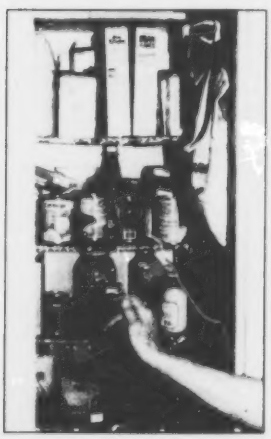
Case Study 2

Mrs. Brown is 78 years old and lives in a five-and-a-half-room apartment on the third floor of a three-storey building that has no elevator. She has been blind for almost three years. She can distinguish the outlines of very bright colours and make out large print with the help of intensive lighting. She moves about unaided at home; outdoors she uses a cane. She is slowly adapting to her disability. Arthritis in her back, hands and lower limbs compounds her problems in coping with day-to-day life. Mrs. Brown has made it clear that she is not interested in moving to a lower storey. She has already refused a ground-floor apartment.

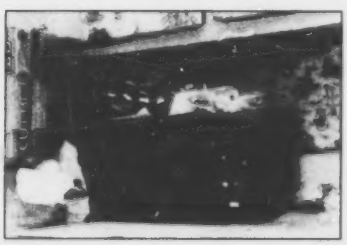
Taking a bath is safer and easier with a foot-activated drain plug.

A door holder helps to prevent accidents and increase accessibility.

A well-lit and accessible pantry makes meal preparation easier.



Removing loose rugs or securing them to the floor helps prevent falls.



A microwave oven makes cooking easier and safer.

Mrs. Brown's home was an obstacle course. Her impaired vision requires safe walking areas, easy reference points and certain modifications to equipment.

The assessment of her home identified the following problems:

- A number of small area rugs in each room were generally in bad shape, did not adhere well to the floor and constantly moved as people walked over them.
- Doors could not be kept shut on their own, and piles of books on the floor were used to keep them open.
- A large black cat moved freely throughout the apartment and often lay down in the middle of the floor. Mrs. Brown had tripped over it more than once. As she says: "It's too bad he's so black, it makes him hard to see."
- To complicate matters, each room had only one electrical outlet. These outlets were already overloaded with extension cords and adaptors so that providing extra light was difficult. Mrs. Brown had constantly to use her flashlight to choose her clothes, select the right can of food, or find the lock on the door.
- The kitchen was tiny. There was no storage space other than a few cupboards already filled with dishes. Dried goods were stored in one of the other rooms and in a cupboard in the dining room.
- Mrs. Brown regularly burnt herself on her stove and oven. She was unable to see the visual reference points painted on her stove controls, and burnt herself while feeling for her pot handles. She also had to feel blindly for dishes in the oven.

The following simple and inexpensive changes were made:

- The floor space was cleared of obstacles and hazards by:
  – removing the rugs or taping them to the floor;
  – removing the boxes of books and fixing the doors to stay open.

- The closets were rearranged by:
  – using shoebags;
  – placing the clothes most often used in the middle of the clothes rod.

- Mrs. Brown was provided with oven mitts.
- Storage shelves were added in the kitchen so that Mrs. Brown can prepare her meal without having to move from one room to another.
- A spotlight was installed in the pantry, allowing Mrs. Brown to see the labels on her food cans.
- The old drain plug in the bathtub (which Mrs. Brown could not reach because of her back problem) was replaced by a new model. Mrs. Brown can now activate or stop the flow of water by stepping on the drain plug.
- The idea of painting the cat red and yellow to make it more visible was resisted by Mrs. Brown. A pink ribbon was tied around its neck instead.
- Additional conviently placed electrical outlets were installed.
- A microwave oven was provided to Mrs. Brown to make cooking easier and safer.

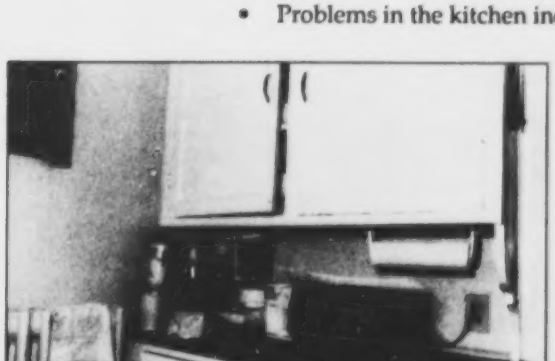
Case Study 3

Mrs. Levy is 82 years old. She owns a duplex of which she occupies the ground floor. She suffers angina attacks at the slightest exertion; these attacks and her swollen legs are clues to a very sick heart that must not be strained at any cost.

Mrs. Levy's home provided the best example of how a home that has been lived in comfortably for thirty years now seems filled with obstacles, some insurmountable.

A tub-transfer seat, a support rail and hand-held shower make help in bathing unneccessary.

- Mrs. Levy no longer has access to her attractive backyard.
- She can no longer do her laundry since she has lost access to the basement. Two years ago she was forbidden on doctor's orders from using the stairs to the basement.
- In the bathroom Mrs. Levy seems to have used everything from the towel rack, which has been nearly torn from the wall, to the shower curtain for support in getting in and out of the tub.
- Mrs. Levy used the bathtub in the bathroom but only with the help of a family member. Most of the time, with great difficulty, she used the basin to wash herself, continually stopping to rest.
- The dining room is no longer used for dining. Mrs. Levy now keeps her refrigerator there because there is no room for it in the kitchen. This constant going back and forth is both tiring and inconvenient.
- Problems in the kitchen included:
  - impractical storage spaces;
  - a single small counter filled with kitchen appliances that have to be carried to the table to be plugged into the kitchen's only electrical outlet;
  - a huge pantry that can only be reached by mounting a step.



Preparing meals is much easier when electrical outlets are conveniently located.

- Other problems identified were:
  - the difficulty Mrs. Levy had in picking up her mail; her letter box should have been placed at shoulder height;
  - the staircase with its two landings had only one hand rail, which offered insufficient support and meant that someone else's help was required;
  - for Mrs. Levy, the need to conserve her physical energy must be the guiding principle in adapting her environment.

Because of Mrs. Levy's considerable disabilities some major changes seemed necessary. The kitchen should be rearranged to make space for the refrigerator and washing machine; electrical outlets should be added; more accessible storage space, perhaps in the dining room, should be considered; and the bathtub should be replaced by a shower stall with support rails and a shower seat.

The following simple and inexpensive changes were carried out, as Mrs. Levy did not want to undertake the foregoing major changes:

- In the bathroom, support rails were installed on the bathtub wall. A shower seat permitting access to the side of the tub from a seated position, together with a hand-held shower head, was also provided.
- In the kitchen, an electrical outlet was installed on the counter wall, within reach of the electric can opener, blender, mixer, and so on.
- The rods in the closets were lowered and shelves installed so that objects can be raised off the ground.

Case Study Findings

These initial case studies show that adapting the homes of elderly people can be done by means of small and inexpensive modifications. Setting up a community based program for home adaptation that will benefit the greatest possible number of seniors will require a highly motivated team with a deep concern for the needs of elderly people. The team must be able to cooperate with many organizations and be able to attract volunteer help. It should also link up with organizations already serving elderly people to avoid creating too many hybrids.

User's Guide to the Assessment Tool

Introduction to the Assessment Tool

The general objective of the assessment tool is to identify those home improvements or adaptations that are easy and inexpensive to carry out, and that can enable frail older people to undertake their daily activities with greater degree of independence.

The specific objectives are:

- *To identify activities that people cannot undertake independently (does not do, does not do alone, or does with difficulty).*
- *To identify obstacles in the home that can impede the residents from carrying out their daily activities.*
- *To identify those minor environmental adaptations that will enable residents to continue to carry out their daily activities.*

The study deals only with the problems of older people who are experiencing a loss in their physical autonomy. It does not address the needs of people who are suffering from mental or psychological problems.

The homes to be considered must meet minimum structural, health and safety standards (or have the potential to meet them through minor changes and/or improvements). They must also be adaptable to the needs and preferences of the resident.

Three basic principles underline the assessment tool:

An Accessible Environment

Homes should allow their elderly residents ***to fully use their space in a safe way, and to maintain some degree of independence.*** A home in which a person has lived for many years can gradually become inaccessible because stairs are too steep to climb, balcony thresholds are too high, or toilets are too low. Some of these barriers, however, can be eliminated without major home repairs or rehabilitation. These are the types of interventions for which this tool has been designed.

An Attractive and Practical Environment

It is important not to over-adapt a home. Only those changes that provide appropriate, practical and attractive environments for everyone should be carried out. In extreme circumstances, when some specific modification or specialized technical intervention is necessary, the simplest means should be used. ***Time and energy can be saved*** without turning a home into an emergency unit. The clinical impression usually associated with the use of specialized equipment of the hospital type should be avoided.

A Flexible Environment

When a home is adapted, various matters must be taken into consideration: the composition of the household, the temporary or progressive conditions of the disabilities, the mobility of elderly people (moving, lodging, deaths), and their tastes and preferences. It is also important to avoid having to constantly do and undo changes to a housing unit. The changing needs of older people can be satisfied by providing flexible environments and adjustable equipment that can be removed when no longer required.

The Components of the Assessment Tool

The assessment tool, which is at the back of this publication, consists of four parts:

Part 1: Characteristics of the Resident is designed to collect basic demographic data. It also provides a brief health profile of the elderly person, identifies the functional problems that cause her/him a loss of autonomy in carrying out the activities of daily living (ADL), and provides information on the person's mental health.

Part 2: Characteristics of the Home is designed to collect general information on the residence of the elderly person, such as location, type and size of the dwelling unit, and condition.

Parts 1 and 2 together form the basic data that is necessary to undertake the research or intervention.

Part 3: Questionnaire on the Activities of Daily Living includes 10 main sections. Each section corresponds to a major activity of daily living, is designed within a standard format, and provides information in a consistent manner.

At the end of each main section, a summary page is provided for specific comments and recommendations; descriptions and the specifications of the adaptations and equipment; and their cost. These summary pages can also be photocopied and used to order equipment, or to inform the elderly person, carpenters, plumbers, or volunteers of the work to be carried out.

The structure of Part 3 is described in detail in the section below.

Part 4: Conclusions and Recommendations (at the end of the assessment tool) provides a summation of the whole assessment. General impressions on the home situation can be provided, together with a choice of several recommendations on adaptations. The main support services that the elderly person may require can also be identified.

The Structure of the Questionnaire on the Activities of Daily Living (ADL)

The structure of the ADL questionnaire (see Outline 1) reflects the three very distinct stages of the assessment process:

- Analysis of autonomy.
- Analysis of the home.
- Recommendations.

Analysis of Autonomy

The analysis of the person's autonomy is done with the help of a list of 73 activities that are generally considered essential for people who choose to remain in their homes (see Table 1). These activities are grouped into a logical sequence to facilitate the assessment, starting with those relating to general accessibility, and following with activities more specific to certain rooms in the home. In the tool, these activities are translated into a series of questions, numbered from 1 to 73. A more in-depth analysis of autonomy, that is, the research on the specific functional limitations to undertake a given activity, is done for activities whe]re there is a loss of autonomy. See Outline 1, Column 1.

OUTLINE 1

THE STRUCTURE OF THE QUESTIONNAIRE ON THE ACTIVITIES OF DAILY LIVING

1 ADL (1 to 73)

Functional Limitations	Home Check List	Housing Recommendations	Other Recommendations
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•
Analysis of Autonomy	Analysis of the Home	Recommendations	
(1)	(2)	(3)	(4)

TABLE 1

LIST OF ACTIVITIES OF DAILY LIVING

General Accessibility

1- Open/close doors
2- Lock/unlock doors
3- Operate light switches
4- Open/close curtains, windows
5- Adjust the heating (air conditioning)
6- Go from one room to another and move about in each room
7- Get to the toilet
8- Walk up/down the stairs
9- Use the elevator
10- Use the balcony, front porch

Getting Up, Dressing and Tidying the Bedroom

11- Move on/off bed
12- Take shoes, slippers, clothes out/put in closet
13- Take clothes off/put on
14- Take shoes, slippers off/put on
15- Make bed, change sheets

Bathing and Personal Hygiene

At the basin

16- Turn faucets on/off
17- Regulate water temperature
18- Wash hands and face
19- Wash body (basin)
20- Wash hair (basin)
21- Comb/do hair
22- Brush teeth, dentures/use toothpaste, denture cleaner
23- Shave, using razor/electric razor

Taking a Shower

24- Get in/out of shower stall/bathtub
25- Turn shower controls on/off and adjust water temperature.
26- Wash/rinse body and hair
27- Reach towel before stepping out

Taking a Bath

28- Get in/out of bathtub
29- Sit down on/get up from bottom of tub
30- Put/pull plug in bathtub
31- Turn faucets on/off
32- Wash/rinse body and hair
33- Reach towel before stepping out
34- Clean bathtub/shower stall

Using the Toilet

35- Sit down/get up
36- Reach/use toilet paper
37- Flush the toilet
38- Clean the toilet

Preparing Meals

39- Turn sink faucets on/off and adjust water temperature
40- Use small kitchen appliances
41- Turn on/off hood fan, stove, oven, dish washer
42- Take food out of/put in oven
43- Take food out of/put in refrigerator
44- Open/close drawers and cupboard doors
45- Take dishes, pots, pans, food out of/ put in cupboards
46- Carry food and dishes from place to place
47- Move on/off chair
48- Peel, grate, cut vegetables, fruits, meat, cheese, bread
49- Open containers, cans, jars
50- Check cooking process
51- Fill up/empty pots
52- Wash/dry dishes
53- Wash/wipe the counter tops, table, stove, oven, refrigerator
54- Purchase/store groceries
55- Dispose of garbage

Doing the Laundry

56- Do hand washing
57- Carry laundry bag or basket
58- Fill/empty washing machine
59- Read/work washing machine controls
60- Fill/empty dryer
61- Read/work dryer controls
62- Hang up washing
63- Iron clothes

Cleaning the House

64- Dust
65- Use vacuum cleaner/broom
66- Wipe/wash floor
67- Wash windows

Using the Telephone

68- Answer phone
69- Dial a number

Enjoying Leisure/Doing Business

70- Move on/off sofa
71- Turn radio/television on/off and select channels
72- Collect mail

Taking Medication

73- Take medication

Analysis of the Home

The analysis of the home is done by identifying, with the assistance of a check-list (Outline 1, Column 2), the household elements that are missing or the ones that are not working properly, and the barriers or obstacles that exist. This information is used to identify the necessary improvements and/or the special equipment that is required.

Recommendations

The lists of possible recommendations are found in two columns (Outline 1, Columns 3 and 4).

Column 3, ***Housing Recommendations*** , lists the home adaptations, and changes to furnishings and household appliances that are used most often. For example:

- repairing broken tiles
- adding a rail in the stairway
- raising the height of the bed
- adding a stool, or installing grab bars in the bathroom
- adding colour cues on controls of appliances.

Column 4, ***Other Recommendations*** , lists the human resources, special services and technical aids that can compensate for those disabilities that have not been made up for through the adaptation of the home. For example:

- cane
- walker
- adapted hairbrush
- assistance at regular intervals
- meals on wheels.

Only recommendations that are inexpensive and easy to make are considered and proposed.

Such recommendations might include:

- re-arrangements that are desirable in the home (reorganizing the furniture, the accessories, the cupboards)
- repairs, adaptations and minor additions (fixing floor tiles, relocating outlets, adding shelves, for example)
- technical aids and desirable home equipment.

Target Population

The assessment tool is intended to help elderly people who are losing their physical autonomy. ***"Loss of physical autonomy"*** **means the inability to undertake the various daily living activities caused by motor, organic, or speech deficiencies. The sensory deficiencies (visual, audio, tactile) are also considered.** The expression ***"losing one's autonomy"*** implies some degree of dependence in carrying out the activities of daily living.

The tool has not been designed to meet the particular needs of persons with mental or major psychological deficiencies (confusion, perceptual problems).

Target Environment

The assessment tool can be used for the analysis of apartments, as well as for single-family homes. Generally, only the inside of the home and the immediate outside (stairs, balconies, veranda or patio) are considered for adaptations. However, for multiple housing buildings, the main vestibule, the corridors that lead to the apartment, and the common areas such as laundry and garbage rooms are considered during the analysis.

Administering the Assessment Tool

Required Expertise

The selection of the adaptations should reflect the consensus of a multi-disciplinary team (architects, planners, occupational therapists, interior decorators). On the other hand, the use of this tool requires more than the linking of a solution to a precise problem. It depends on a clinical judgement to evaluate autonomy; this is an essential prerequisite to adequate adaptation of the home.

The choice of the required adaptation also requires a particular expertise. It is not enough to determine the need for technical assistance. One must also be able to specify precisely the type and characteristics of an adaptation to fully compensate for the functional limitations. Example: a bath seat ***with a back*** and ***at a specific height,*** grab rails ***at such a spot*** and ***arranged in such a way***.

Occupational therapists have the necessary qualifications for the functional evaluation of autonomy, the identification of minor solutions (technical aids, techniques in energy saving, functional arrangement), and the maintenance and improvement of the degree of independence in carrying out the activities of daily living. Besides the occupational therapist, other professionals such as **physiotherapists and nurses** with experience in adaptations can use this tool.

For more elaborate adaptations, consultants in architectural design and residential construction may be required, depending on the nature of the adaptation plan.

Administration Time

The time to administer the asessment tool varies according to the number of activities to be analyzed and the condition of the home. Based on the experience on the reliability tests and the initial work of Phase 2, it is estimated that the entire process, including the identification of specifics, the complete interview and the development of recommendations, could take approximately two hours.

Principles of Functioning

The tool was designed to quickly identify the ADL problem areas so that the analysis of the home is limited to areas where adaptations can be fully justified (used by the elderly person and effective in offsetting the disabilities). This approach derives from the particular objective of the study, which is to promote autonomy.

In addition, by concentrating adaptation of the home on the problem areas of functioning, over-adapting and the creation of an environment without challenge, which themselves can engender a loss of autonomy, are avoided.

Method of Evaluating Functioning

First Step: Identifying the ADL Problem Areas

The first stage involves identifying all ADL for which a lack of autonomy is observable. For each of the 73 activities listed in the tool (that are applicable), the elderly person must respond yes (✓) or no (✓) to the question, "Can you perform the activity alone and without difficulty?" A box has been provided to note an activity that is not applicable (n.a.). For example, the person may never perform this activity, either by choice or because it does not come under his or her responsibilities (the spouse, the children, the local community services centres are looking after that particular activity and the situation is desirable).

The investigator looks for various ways to evaluate how older people are functioning. In addition to questioning them directly, the investigator may question those close to them, and draw conclusions from his/her own observations. Observation often proves to be the most objective method for judging the abilities of a person to perform an activity.

Notion of Difficulty

An activity is judged difficult for a person if the time taken, the pain that is felt, and/or the effort required to undertake it contribute, in the long term, to a loss of independence, a reduction in general functioning, or a risk of deterioration in the state of health of the person.

Example 1: If a person succeeds in doing the housecleaning once a week, but on that day does not have the strength to prepare a meal, the activity will be judged difficult and will justify an in-house investigation.

Example 2: If a person succeeds in getting up alone from a chair or from the toilet, but this activity causes pain to a knee when he/she is suffering from chronic inflammation of that joint, an adaptation will be prescribed in order to prevent the deterioration of his/her situation.

Example 3: If a person succeeds in getting out of the bathtub alone, but this activity is often, or occasionally, associated with angina attacks, dizziness or any other physical problem which risks the deterioration of his/her state of health (a fall or an injury) the activity will be judged difficult and will justify an in-house investigation.

How to Interpret the First-Stage Questions

Reply "YES" if:
- the person performs the activity alone and without difficulty.

Reply "NO" if:
- the person is unable to perform the activity.
- the person is unable to perform the activity alone (needs help or supervision).
- the person does it alone but has difficulty.

Reply "NOT APPLICABLE" if:
- the activity is inappropriate (for example,shaving for a woman).
- the person has never or will never perform an activity, and it is desirable to maintain this situation (no longer takes a bath but takes a shower, no longer uses the vacuum cleaner since the doctor has forbidden it, no longer makes the meals, but has his/her daughter/son do it all the time and prefers that this situation continues).

A "YES" or a "NOT APPLICABLE" answer allows the investigator to proceed to the question on the next activity.

A "NO" answer leads to a more in-depth investigation, called here the second step.

Second Step: Investigating Problems Arising from Loss of Autonomy

For each activity, the ADL Questionnaire provides four columns to record information that will be used in the analysis.

1st Column: Functional Limitations

This column lists deficiencies, disabilities or handicaps that can limit older people in their pursuit of the particular activity. The list is not exhaustive and can be expanded. Knowledge of the functional limitations will allow the analysis to be oriented towards possible types of recommendations. Table 2 describes certain general principles of adaptation that can be effective in offsetting the main functional limitations of an older person.

Entries: Check any of the listed limitations that are applicable and write in any that are not listed.

2nd Column: Home Check List

This column lists the characteristics of the home that can affect the particular activity. To observe each of the elements on the list, it is essential to go to the spot where the activity unfolds. This check list will help to ensure that the adaptation of the home will fit the specific needs of the individual.

3rd and 4th Columns: Recommendations

As soon as an element on the check-list proves to be a problem area, possible solutions are looked for.

Lists of the most likely recommendations are presented in Column 3, Housing Recommendations, which includes the necessary adaptations to the home, and Column 4, Other Recommendations, which includes services and equipment for the person.

Entries: Check the solution or solutions that are possible or add other possible solutions to the list if necessary.

Third Step: Selecting the Equipment and the Adaptations

There is a very wide range of solutions to compensate for the difficulties associated with daily living. The selection of adaptations will be made after the functional limitations of the individual and the characteristics of the home have been considered. When the selection of aids or equipment is made, the availability of models, their cost, and their appearance will influence the choice that the elderly person and the investigator have to make. For example, if a hand- held shower is considered necessary to allow the individual to take a shower in a seated position, in addition to judging which model is more comfortable and safer, the following aspects must also be considered:

- the scope of the plumbing work required for the installation of a hand-held shower;
- the cost of the work (labour and material);- where the hand-held shower should be placed: on a vertical rod, or on high and low mounting brackets (usually more than one person uses the shower);
- if the disability in question is only temporary, or if the landlord is likely to balk at the expense, a hand- held shower connected to the bathtub faucet might have to be accepted;
- a lack of balance, or poor grip in the lower limbs, may call for a model with water control at the head of the shower, meaning that the faucets would have to be relocated; again, the cost and condition of the plumbing situation can affect the decision.

Obviously, the adaptations to be recommended must be discussed with the elderly person. The use of an illustrated catalogue that shows the items being recommended will help inform the elderly person during the decision-making process.

TABLE 2

GENERAL PRINCIPLES TO COMPENSATE FOR A LOSS OF AUTONOMY

Deficiencies-Disabilities-Handicaps	Recommendations
I. Sensory Deficiencies	
1.1 Vision	
1.1.1 Hemianopsia	– Rearrange the furniture or equipment to compensate for the reduced field of vision. – Avoid crowding objects in the rooms.
1.1.2 Deficient Peripheral Vision	– Avoid objects that are too low or high, or which may be out of the field of vision and cause tripping. – Use contrasting colours.
1.1.3 Total or Severe Loss of Vision	– Ensure that the person wears glasses with an adequate prescription. – Install tactile indicators on hand rails to indicate the beginning and the end of stairs; and on control buttons of household appliances. – Avoid encumbering the rooms with too much furniture.
1.2 Audio	– Does the person have a hearing aid? Check that the battery is operating, and that the aid is well adjusted.
1.2.1 Partial Loss	– Install volume amplifier for all sound systems. – Adapt the telephone.
1.2.2 Severe or Total Loss	– Install visual and tactile indicators (luminous indicators for the doorbell and telephone, for example, a vibrator in bed for when the resident is lying down). – Adapt the telephone.
1.3 Tactile Deficiency	– Eliminate rough surfaces and sharp angles. – Provide protection against sources of heat. For example, insulate exposed hot water pipes that can be touched by the elderly person, install controls in water taps to ensure that the water temperature will not exceed 47°C, and locate stove controls so that the user does not have to reach over hot surfaces.

TABLE 2 (Cont'd)

GENERAL PRINCIPLES TO COMPENSATE FOR A LOSS OF AUTONOMY

Deficiencies-Disabilities-Handicaps	Recommendations
2. Lack of Coordination	
2.1 The Upper Limbs	– Provide heavier and bigger objects, which are easier, in this case, to manipulate. – Provide objects that can be rolled or slid instead of objects that have to be lifted. – Provide U or L shaped kitchens instead of alley kitchens. – Advise the elderly person to cover bowls of liquid before lifting them, and to use cooking baskets to avoid having to drain vegetables or noodles, or a cup with a cover or a spout – Enlarge the handles of cooking pots, and the controls of appliances.
2.2 Lower Limbs	– If possible, provide the elderly person with heavy shoes for walking. – Eliminate rough surfaces and sharp angles. – Add grab bars in the corridors. – Provide technical aids for personal care (long-handled shoehorns, for example).
3. Limited Amplitude	
3.1 Upper Limbs	– Increase handy storage surfaces. – Reduce the height and depth of counters and shelves. – Provide objects that require a minimum of effort to handle (they must be light). – Provide long-handled pliers, and extended handles.
3.2 Lower Limbs	– Provide seats that are sufficiently high to enable the user to sit down without forcing the joint in the hip and the knee. – Provide bilateral arm support to seats, chairs, sofas, and so on, to allow the elderly person to get up more easily.
3.3 Trunk	– Increase the storage spaces located within easy reach. – Raise the electrical plugs that are located near the floor. – Provide technical aids that older people can use to reach low objects without having to bend down (long-handled reachers, for example).

TABLE 2 (Cont'd)

GENERAL PRINCIPLES TO COMPENSATE FOR A LOSS OF AUTONOMY

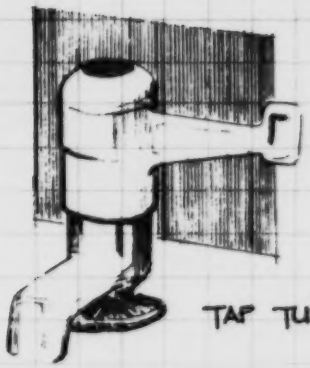
Deficiencies-Disabilities-Handicaps	Recommendations
	– Provide bilateral arm supports on seats, chairs, sofas and so on, to allow the elderly person to get up more easily. – Provide seats or benches sufficiently high to allow the user to get up easily. – Provide technical aids for personal care. – Provide long-handled brushes for washing the feet and back. – Provide technical aids that make dressing easier. Such aids can help elderly people in putting on their stockings and shoes and tying their shoelaces, for example.
3.4 Hand (Lack of fine -prehension)	– Provide wide-handled utensils – toothbrushes, combs, and so on, and use technical aids to enlarge other small delicate equipment. – Add additional handles to objects without handles or with a single handle: a handle for a cardboard milk container,for example, or camping handles fixed on a pan.
4. Endurance or Diminished Strength	– Encourage elderly people to conserve their physical energy by such techniques as balancing periods of work and rest during a day, or a week – Encourage the elderly person to work in a seated position while carrying out certain tasks such as preparing meals or ironing. – Encourage the elderly person to cook enough food at one time to last for several meals, to store uneaten food in covered containers in the refrigerator, and to cook vegetables such as potatoes and carrots with the peel on. – Encourage the use of pre-soaking products for house cleaning and for clothes cleaning, to eliminate the need for rubbing.
5. Reduced Mobility	– Check whether the person needs technical aids to move about (a cane or walker). – Eliminate differences in the level of the floor caused by high door threshholds, floor coverings with different heights between rooms, and so on). – Try to remedy situations where residents have to use steps, stairs, or steep ramps. – Eliminate obstacles on the floor such as electrical wires, broken tiles or loose rugs.

TABLE 2 (Cont'd)

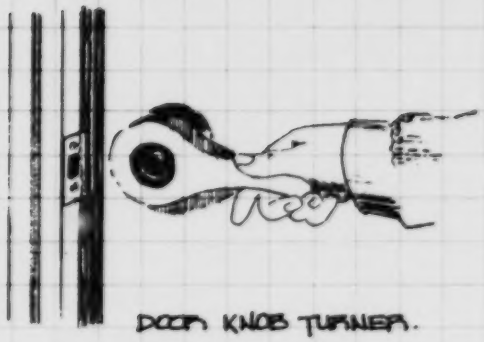
GENERAL PRINCIPLES TO COMPENSATE FOR A LOSS OF AUTONOMY

Deficiencies-Disabilities-Handicaps	Recommendations
6. Non-average Height	
6.1 Very Tall	– Raise the height of the furniture (tables, chairs, beds, toilets). – Provide chairs and chesterfields that are designed to support the back of the elderly person.
6.2 Very Short	– Lower all storage spaces, work spaces, counters, and tables; reduce the depth of counters. – Lower the bed.
7. Obesity	– Encourage the elderly person to use energy-saving techniques to prevent too great an effort. – Provide special furniture when required.

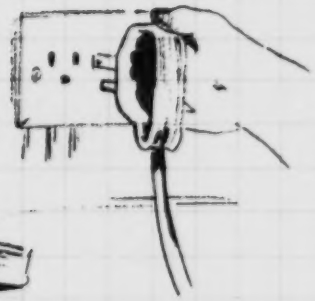
AN ASSORTMENT OF AIDS AND ADAPTATIONS.



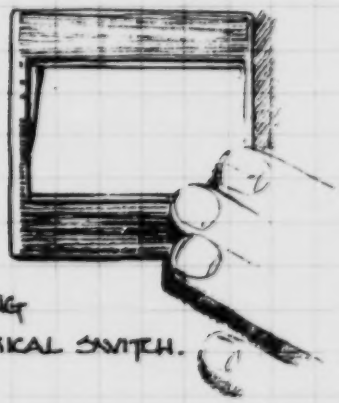
TAP TURNER.



DOOR KNOB TURNER.

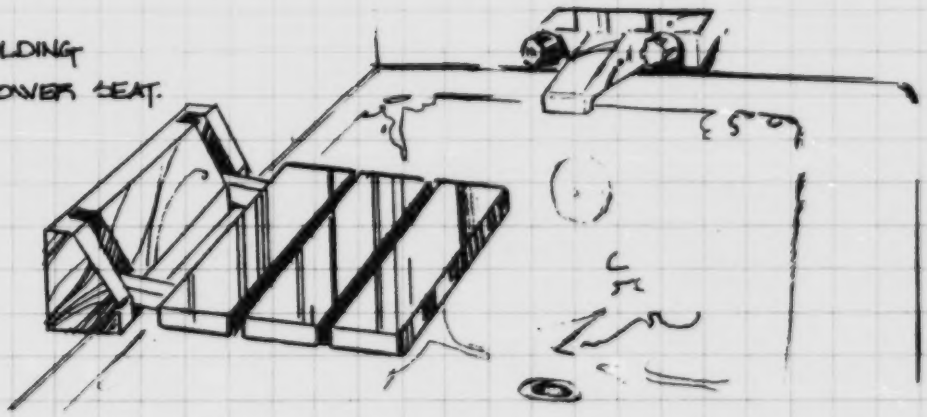


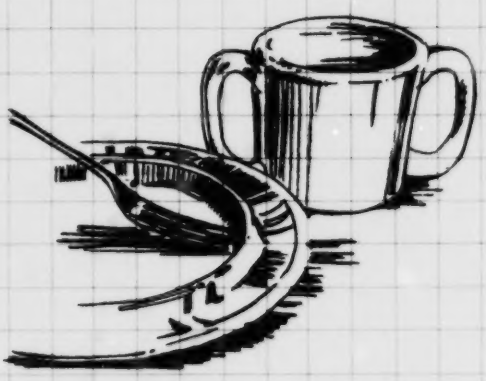
ELECTRICAL PLUG WITH HANDLE.



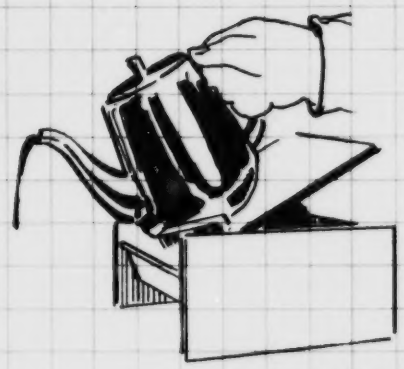
ROCKING ELECTRICAL SWITCH.

FOLDING SHOWER SEAT.



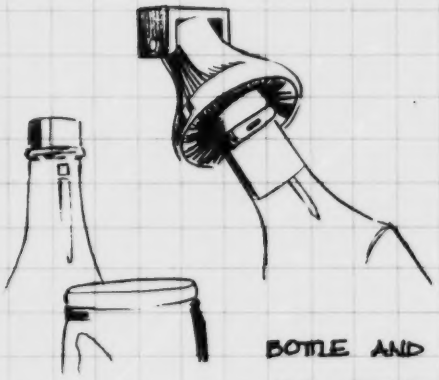


DOUBLE HANDLED - MUG AND PLATE WITH CURVED INNER WALL.

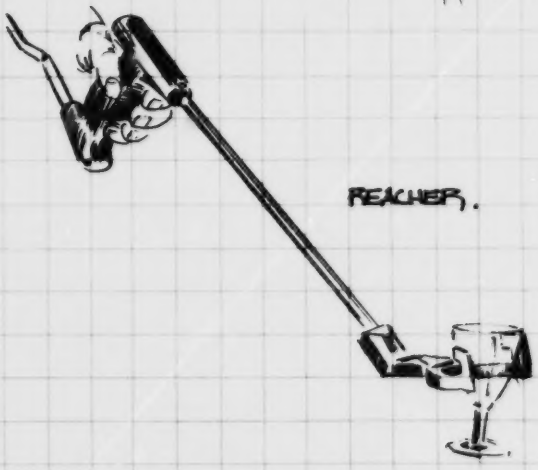


KETTLE TIPPER

CUTLERY WITH EASY-GRIP HANDLE



BOTTLE AND JAR OPENER.



REACHER.

The Assessment Tool

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Oregon (United States)

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PART 1

CHARACTERISTICS OF THE RESIDENT

NAME: _____ **FILE NO:** _____

ADDRESS: _____ **AGE:** _____

_____ **SEX:** _____ F _____ M

_____

RESOURCE PERSON: _____ **TELEPHONE:** _____

MARITAL STATUS:
- _____ Married
- _____ Single
- _____ Widowed
- _____ Separated/Divorced

HOUSEHOLD CHARACTERISTICS:
- _____ Alone
- _____ Spouse
- _____ Other

SUPPORT NETWORK: _____

_____

_____

_____

HEALTH PROFILE: _____

_____

_____

_____

_____

FUNCTIONAL PROBLEMS:

- _____ Poor grip
- _____ Lack of coordination
  - _____ Upper limbs (u.l.)
  - _____ Lower limbs (l.l.)
- _____ Limited reach
  - _____ (u.l.)
  - _____ (l.l.)
  - _____ Trunk
- _____ Poor tolerance
- _____ Muscle weakness
- _____ Poor balance
- _____ Reduced mobility
- _____ Cane, walker
- _____ Wheelchair dependent
- _____ Sensory loss
- _____ Poor vision
- _____ Hearing loss
- _____ Tactile loss
- _____ Impaired speech
- _____ Non-average height
- _____ Very short
- _____ Very tall
- _____ Obese

MENTAL STATUS:

_____ Alert

_____ Disoriented
- _____ time
- _____ space
- _____ person

_____ Confused

PART 2

CHARACTERISTICS OF THE HOME

TYPE OF TENURE: _____ Owner _____ Renter

TYPE OF DWELLING UNIT/ BUILDING

_____ Single family
_____ Semi-detached
_____ Row-house, town-house, granny flat
_____ Plex (duplex, triplex)
_____ Building less than 5 storeys
_____ Building of 5 storeys or more
_____ Other: _____
_____

		IN THE BUILDING	IN THE DWELLING UNIT
NUMBER OF STOREYS	1 storey	_____	_____
	2 storeys	_____	_____
	3 storeys	_____	_____
	4 storeys	_____	_____
	5 or more	_____	_____

THE DWELLING UNIT IS LOCATED ON WHICH FLOOR? _____ **ELEVATOR** _____ Yes _____ No

NUMBER OF ROOMS _____ **HOUSING CONDITION** _____ Poor
_____ Average
_____ Good

PART 3

QUESTIONNAIRE ON THE ACTIVITIES OF DAILY LIVING

GENERAL ACCESSIBLITY

Questions 1 to 10

1—Open/close door
2—Lock/unlock doors
3—Operate light switches
4—Open/close curtains, windows
5—Adjust the heating (air conditioning)
6—Go from one room to another and move about in each room
7—Get to the toilet
8—Walk up/down the stairs
9—Use the elevator
10—Use the balcony, front porch

Room(s): General investigation of main entrance, corridors, room entrances and rooms.

GENERAL ACCESSIBILITY

Do you perform the following activities alone and without difficulty:

1. Open/close doors (main doors, room doors, closet doors, etc.)?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations: Housing	Recommendations: Other
	Check:		
❑ Poor grip	■ Type of door handle	❑ Lever type handle	
❑ Poor coordination	■ Door or door spring weight and operational force	❑ Door strap	
❑ Muscle weakness	■ Door frame for poor fitting	❑ Non slip cover on round door knob	
❑ Poor mobility		❑ Remove non essential door	
		❑ Adjust door frame	
		❑ Off-set hinges	
		❑ Grease hinges	
		❑ Change locks	

Comments: _____

2. Lock/unlock doors (front and back doors, bathroom door)?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations: Housing	Recommendations: Other
	Check:		
❑ Poor grip	■ Lighting: day and night	❑ Increase lighting at front door or access to light switches	❑ Visual cues or colour code for locating keys easily
❑ Poor coordination	■ Type of locking mechanism	❑ Easy-to-operate lock	
❑ Limited range (fingers, upper limbs)	■ Type or size of key, keyholder	❑ Aids or devices to increase grip on locks or keys	
❑ Muscle weakness	■ Door closer	❑ Outside shelf to hold parcels or objects while unlocking door	
❑ Poor mobility	■ Height and ease of use of intercom and entrance buzzer	❑ Inside table or shelf to place objects on	
❑ Poor vision		❑ Reduce door opening pressure	
		❑ Improve access and utilization of intercom and buzzer: — large button/colour or texture coded — lower height	

Comments: _____

GENERAL ACCESSIBILITY

Do you perform the following activities alone and without difficulty:

3. Operate light switches?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor grip	■ Height of switches	❑ Lower light switches or place at functional height	❑ Aids or devices to reach or turn switches
❑ Poor coordination (upper limbs)	■ Type of light switches	❑ Ensure large and easy to operate light switch on wall, table lamps	
❑ Limited range (upper limbs)	■ Location of switches	❑ Light switch located at the entrance of the dwelling unit, at each room entrance and at bed side to prevent need for walking in the dark	
❑ Poor vision	■ Type of lamps in rooms and ease of operating on/off switch	❑ Three-way switches	
		❑ Night light	
		❑ Light strip on switches	

Comments: _____

4. Open/close curtains, windows?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor grip	■ Mechanism for opening and shutting windows, curtains	❑ Remove unnecessary curtains	
❑ Poor tolerance		❑ Long rope or stick to open or close curtains	
❑ Muscle weakness		❑ Make modifications on parts of the window — oil the hinges, lubricate gliding surfaces — smooth window casing — change handles on windows — replace sliding surfaces with nylon, teflon products	

Comments: _____

GENERAL ACCESSIBILITY

Do you perform the following activities alone and without difficulty:

5. Adjust the heating (air conditioning)?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Poor grip ❑ Poor coordination (upper limbs) ❑ Limited range (upper limbs) ❑ Poor vision	Check: ■ Lighting: day and night ■ Height of thermostat ■ Legibility of temperature scale ■ Legibility of adjustment scale	❑ Improve lighting ❑ Lower (raise) thermostat ❑ Thermostat easy to read, adjust ❑ Lengthen, enlarge, modify control on thermostat	

Comments: _____

GENERAL ACCESSIBILITY

Do you perform the following activities alone and without difficulty:

6. Go from one room to another and move about in each room?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor coordination	■ General lighting day and night in hall, rooms	❑ Easy to reach and use light switches	❑ Walking aid (walker, cane, etc.)
❑ Muscle weakness	■ Size of dwelling unit, size of rooms	❑ Make full use of natural lighting	
❑ Reduced mobility	■ Width of hall, doorway	❑ Ensure sufficient lighting in work places, eliminate glare	
❑ Wheelchair dependent	■ Traffic patterns (presence of obstacles, characteristics of pathway)	❑ Handrail in hall, work places, staircases	
❑ Poor balance	■ Variations in floor heights	❑ Improve relationship of interior space to functions (distance between bedroom, bathroom)	
❑ Poor vision	■ Types of floor covering	❑ Remove obstacles (rugs, carpets)	
	■ Height of door sills	❑ Remove or reduce doorsill	
	■ Necessity to use stairs	❑ Eliminate differences in floor height with use of same type of floor covering	
	■ Furniture location in rooms and their stability if used as support	❑ Repair damaged floors	
		❑ Repair or stabilize furniture used as support	
		❑ Rearrange furniture	
		❑ Wheelchair accessibility: — sufficient space to turn — eliminate doors — off-set hinges on doors	

Comments: _____

GENERAL ACCESSIBILITY

Do you perform the following activities alone and without difficulty:

7. Get to the toilet?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor balance	■ Lighting: — in the bathroom — between the toilet and the bedroom	❑ Light switch at restroom entrance	❑ Walking aid
❑ Reduced mobility	■ Is there a toilet on each floor	❑ Three-way light switches	❑ Urological examination
❑ Wheelchair dependent	■ Distance between the toilet and: — the bedroom — the sitting room	❑ Dimmer switch/night light between bedroom and bathroom	❑ Incontinence pads and or catheter
❑ Incontinence	■ Presence of obstacles in the pathway	❑ Urinal or commode chair in the bedroom	
❑ Poor vision		❑ Remove obstacles	
		❑ Easy-to-open bathroom door	
		❑ Wheelchair accessibility	
		❑ Emergency call system	

Comments: _____

GENERAL ACCESSIBILITY

Do you perform the following activities alone and without difficulty:

8. Walk up/down the stairs?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor coordination	■ Lighting	❑ Three-way light switches	❑ Walking aid
❑ Limited range (lower limbs)	■ Number of steps	❑ Adequate lighting	❑ Seasonal maintenance
❑ Poor tolerance	■ Step depth and height	❑ Close-in open risers	
❑ Muscle weakness	■ Evenness of steps	❑ Maximum height of risers: 180 mm	
❑ Poor balance	■ Stairway design	❑ Increase step depth — step depth: max. 265 mm — eliminate carpet to increase depth	
❑ Reduced mobility	■ Stair condition	❑ Increase nosing — step nosing: max. 5 mm — beveled nosing — colour contrast on nosing	
❑ Wheelchair dependent	■ Surface type	❑ Eliminate patterned carpet	
❑ Poor vision	■ Presence of handrail	❑ Handrail both sides and balusters on open side	
	■ Height and diameter of handrail	❑ Handrail projecting beyond top and bottom of stairs/ramp	
		❑ Ramp—gradient: 1:12 to 1:20	
		❑ Repair loose nosing, broken step	
		❑ Chair lift/one passenger elevator	

Comments: _____

GENERAL ACCESSIBILITY

Do you perform the following activities alone and without difficulty:

9. Use the elevator?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Limited range (upper limbs)	Check:	❑ Adjust closing speed and force	❑ Walking aid
❑ Poor balance	■ Average waiting time	❑ Adjust height of control panel and floor indicator	❑ Assess alternative pathway (use of service elevator)
❑ Wheelchair dependent	■ Height of call bell	❑ Improve legibility of control panel and floor indicator	
❑ Poor vision	■ Width of doors	❑ Visual or sound cues to indicate arrival and elevator's direction	
	■ Closing speed and force of doors	❑ Handrail in elevator	
	■ Height and legibility of control panel and floor indicator	❑ Chair or bench in hallway and main entrance	
	■ Handrail inside elevator		
	■ Type of emergency call system		

Comments: _____

GENERAL ACCESSIBILITY

Do you perform the following activities alone and without difficulty:

10. Use the balcony, front porch?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations: Housing	Recommendations: Other
❑ Muscle weakness	Check: ■ Lighting at the entrance, on the balcony, etc.	❑ Increase lighting in exterior areas/visual cues	❑ Walking aid
❑ Poor balance	■ Ease of access: — unevenness of ground — sun or heat or wind exposure — height and stability of railing on balcony, porch — height of threshold	❑ Non-glare, non-slip surfaces on balcony, porch, sidewalk, patio	❑ Seasonal maintenance
❑ Reduced mobility ❑ Wheelchair dependent		❑ Install ramp ❑ Reduce walkway-ground slope 1:20 ❑ Sidewalk-walkway 1:12	❑ Visual cues ❑ Assistance
❑ Poor vision		❑ Protective overhang from direct exposure to sun preferred ❑ Wind protection on balcony (also increases privacy) ❑ Solid railing around balcony at safe height	

Comments: _____

SUMMARY: GENERAL ACCESSIBILITY

FILE NUMBER:

COMMENTS

RECOMMENDATIONS	DESCRIPTION OF EQUIPMENT SPECIFICATIONS AND/OR ADAPTATIONS	COST

GETTING UP, DRESSING AND TIDYING THE BEDROOM

Questions 11 to 15

11—Move on/off bed
12—Take shoes, slippers, clothes out/put in closet
13—Take clothes off/put on
14—Take shoes, slippers off/put on
15—Make bed, change sheets

Room(s): Bedroom

N.B.: Some recommendations may apply to other rooms (main entrance, bathroom)

GETTING UP, DRESSING AND TIDYING UP THE BEDROOM

Do you perform the following activities alone and without difficulty:

11. Move on/off bed?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations: Housing	Recommendations: Other
❑ Poor coordination ❑ Limited range (trunk, lower limbs) ❑ Muscle weakness ❑ Poor balance ❑ Wheelchair dependent	Check: ■ Height of bed ■ Type of mattress	❑ Raise bed with wooden blocks ❑ Board under mattress ❑ Firm mattress	

Comments: _____

12. Take shoes, slippers, clothes in/out /put in closet?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations: Housing	Recommendations: Other
❑ Poor grip ❑ Poor coordination ❑ Limited range (upper limbs) ❑ Muscle weakness ❑ Poor balance ❑ Wheelchair dependent ❑ Poor vision/poor colour discrimination	Check: ■ Lighting in room/closet ■ Ease of access to clothing: — depth and height of shelves/height of hooks — height of rod — the amount of storage space — drawers opening and closing	❑ Improve lighting in room, closet ❑ Drawers on ball-bearings ❑ "D" handles on drawers ❑ Add shelf near the floor for shoes, etc./lower top shelf ❑ Adjustable shelves ❑ Pull-out shelves/racks for clothing ❑ Transparent shelving for items above eye level ❑ Increase amount of accessible storage space ❑ Label shelves, drawers (colour, texture, picture cues)	

Comments: _____

GETTING UP, DRESSING AND TIDYING UP THE BEDROOM

Do you perform the following activities alone and without difficulty:

13. Take clothes off/put on?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Poor grip ❑ Poor coordination	Check: ■ Lighting ■ Presence of mirror	❑ Improve lighting ❑ Place a bench/solid chair in the bedroom, and bathroom	❑ Adapted clothing ❑ Aids: stocking aid, use of zipper, velcro and button hook
❑ Limited range ❑ Muscle weakness	■ Stable chair for use when getting dressed ■ Access to clothing (hooks, rods, shelves)	❑ Full-length mirror	❑ Experimenting with new techniques
❑ Poor balance			
❑ Poor vision ❑ Obesity			

Comments: _____

GETTING UP, DRESSING AND TIDYING UP THE BEDROOM

Do you perform the following activities alone and without difficulty:

14. Take shoes, slippers off/put on?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor grip	■ Shoe storage is within easy reach	❑ Place a bench/solid chair in the bedroom, hallway and bathroom	❑ Technical aids: — shoes without laces — elastic shoe laces — boot lifter — long-handled shoehorn — zipper or velcro-fastened shoe/boots
❑ Poor coordination	■ Available sitting space for the activity		
❑ Limited range (trunk, upper limbs, lower limbs)			
❑ Muscle weakness			
❑ Poor balance			
❑ Wheelchair dependent			
❑ Obesity			

Comments: _____

15. Make the bed, change the sheets?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Limited reach (upper limbs, trunk)	■ Cleanliness	❑ Rearrange the furniture	❑ Select easy-to-use sheet or cover (comforter, fitted sheet)
❑ Poor tolerance	■ Height of bed	❑ Allow not less than 460 mm around the bed	❑ Assistance at regular intervals
❑ Muscle weakness	■ Space on either side of bed	❑ Standard size mattress preferred	
❑ Poor balance	■ Type of mattress		
❑ Reduced mobility	■ Type of bedding (coverings)		

Comments: _____

SUMMARY: GETTING UP, DRESSING AND TIDYING UP THE BEDROOM

FILE NUMBER:

COMMENTS

RECOMMENDATIONS	DESCRIPTION OF EQUIPMENT SPECIFICATIONS AND/OR ADAPTATIONS	COST

BATHING AND PERSONAL HYGIENE

Questions 16 to 34

16—Turn faucets on/off
17—Regulate water temperature
18—Wash hands and face
19—Wash body (basin)
20—Wash hair (basin)
21—Comb/do hair
22—Brush teeth, dentures/use toothpaste, denture cleaner
23—Shave using razor/electric razor
24—Get in/out of shower stall/bathtub
25—Turn shower controls on/off and adjust water temperature
26—Wash/rinse body and hair
27—Reach towel before stepping out
28—Get in/out of bathtub
29—Sit down on/get up from bottom of tub
30—Put/pull plug in bathtub
31—Turn faucets on/off
32—Wash/rinse body and hair
33—Reach towel before stepping out
34—Clean bathtub/shower stall

Room(s): Bathroom

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

16. Turn faucets "on"/"off"?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor grip/dexterity	■ Access to wash-basin, faucets	❑ Lever type faucet handles	
❑ Limited range (upper limbs)	■ Type of faucets	❑ Single action faucets	
❑ Muscle weakness		❑ Technical aids: — extended faucet handle — "faucet turner"	
❑ Wheelchair dependent		❑ Clear space underneath sink/insulate plumbing	
		❑ Move faucets to side or closer to front	

Comments: _____

17. Regulate the water temperature?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor grip/dexterity	■ Hot water temperature	❑ Set hot water temperature to 46 °C	
❑ Poor coordination (upper limbs)	■ Hot/cold water control or adjustment	❑ Single action faucet	
❑ Sensory loss		❑ Extended faucet handle	

Comments: _____

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

18. Wash hands and face?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor grip/dexterity	■ Lighting	❑ Task lighting	❑ Wash mitt
❑ Poor coordination (upper limbs)	■ Access to soap and soap dish dispenser	❑ Relocate storage for personal care items (soap, brush, hand cream, etc.)	❑ Nail brush with suction cups
❑ Limited range (upper limbs)	■ Sink height	❑ Recessed soap dish	❑ Pump soap dispenser
❑ Muscle weakness	■ Feet space	❑ Raise/lower basin	
	■ Leg space when sitting	❑ Basin well braced	
	■ Towel location	❑ Change the spout to alter flow of water (raise, lower, curve)	
		❑ Hand towel located within easy reach	
		❑ Clear space under basin/insulate plumbing	

Comments: _____

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

19. Wash body (basin)?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor grip/dexterity	■ Lighting	■ Task lighting	❑ Wash mitt
❑ Poor coordination (upper limbs)	■ Room temperature	■ Heat lamp/electric heater with automatic shut off	❑ Liquid soap pump
❑ Limited range	■ Mirror and its location	■ Adjust/adapt mirror (slanted mirror)	❑ Long-handled sponge or brush
❑ Poor tolerance	■ Access to soap, towel, personal care items	■ Relocate storage for personal care items (soap dispenser, cream, etc.)	
❑ Muscle weakness	■ Sink height	■ Raise/lower basin	
❑ Poor balance	■ Space for the feet	■ Change the spout to alter flow of water (raise or lower)	
	■ Leg space when sitting	■ Single action faucet	
		■ Clear space under basin/insulate plumbing	
		■ Relocate hand towel for easy reach	
		■ Create space for clothes	

Comments: _____

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

20. Wash hair (basin)?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Limited range (upper limbs, neck, trunk) ❑ Muscle weakness (upper limbs) ❑ Poor tolerance ❑ Poor balance	Check: ■ Access to shampoo and other personal items ■ Height of basin ■ Height of spout ■ Space for the feet ■ Leg space when sitting	❑ Suggest alternative area: sink, shower ❑ Relocate shampoo dispenser ❑ Raise or lower basin ❑ Change the spout to alter flow of water ❑ Single action faucet ❑ Clear space under basin/insulate plumbing ❑ Flexible spray hose easy to install	❑ Hair brush (adapted grip) ❑ Easy to use shampoo dispenser ❑ Shampoo spray ❑ Requires assistance/escort

Comments: _____

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

21. Comb/do hair?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor grip	■ Lighting	❑ Task lighting	❑ Adapted comb/brush
❑ Poor coordination	■ Mirror and its location	❑ Adjust/adapt mirror — correct height of mirror — tilting mirror — magnifying mirror	❑ Comb/brush holder
❑ Limited range (upper limbs)	■ Access to personal care items (comb, brush, hair pins, etc.)	❑ Relocate storage to improve access to personal care items	❑ Regulate escort to the hairdresser
❑ Poor tolerance		❑ Dividers in drawers for easy location of items	
❑ Muscle weakness		❑ Allow for activity in sitting position if preferred	

Comments: _____

22. Brush teeth, dentures/use toothpaste, denture cleaner?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor grip	■ Lighting	❑ Task lighting	❑ Adapted tooth brush
❑ Poor coordination	■ Access to personal care items (tooth brush, toothpaste, glass, etc.)	❑ Relocate/redesign holders	❑ Adapted brush for dentures
❑ Limited range		❑ Relocate storage for personal care items	❑ Easy-to-use toothpaste tube or pump
❑ Poor vision		❑ Dividers in drawer for easy location of items	❑ Wallmounted toothpaste tube squeezer
		❑ Allow for activity in sitting position if preferred	
		❑ Space underneath sink to allow access for chair/insulate plumbing	

Comments: _____

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

23. Shave using razor/electric razor?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor grip	■ Lighting	❑ Lighting above/beside mirror	❑ Electric razor
❑ Poor coordination	■ Safety razor: — access to sink and ability to use it — mirrors, their location and ease of use	❑ Adjust/adapt mirror	
❑ Limited range	■ Electric razor: — access to electric outlet — safety of outlet	❑ Another electric outlet in the bathroom at the appropriate height	
❑ Poor vision	■ Access to personal care items	❑ New grounded outlet ❑ Relocate storage for personal care items ❑ Allow for activity in sitting position if preferred	

Comments: _____

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

Taking a shower ❑ N.A. ——→ go to question 28

24. Get in/out of shower stall/bathtub?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor coordination (lower limbs)	■ Height of step	❑ Eliminate/reduce step	❑ Supervision
❑ Poor balance	■ Existence of non-slip surface in and outside shower	❑ Install vertical grab bar	❑ Assistance
❑ Limited range (lower limbs)	■ Existence of grab bars or support	❑ Slip resistant flooring inside/outside shower stall (or bath) via non slippery coating, abrasive strips or rubber mats	
❑ Muscle weakness		❑ Add transfer board	
❑ Reduced mobility		❑ Improve floor drainage	
❑ Wheelchair dependent		❑ Change tub or shower stall if possible	
❑ Obesity			

Comments: _____

25. Turn shower controls on/off and adjust water temperature?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor grip	■ Access to controls	❑ Shower controls easy to read, reach and operate	
❑ Limited range (upper limbs)	■ Type of controls	❑ Water control knob on shower head	
❑ Poor balance	■ Legibility of hot/cold print	❑ Thermostatic faucets	
❑ Sensory loss		❑ Adjustable temperature control on water supply (maximum 46°C)	
		❑ Grab bar as a stabilizer	

Comments: _____

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

26. Wash/rinse body and hair?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor coordination	■ Room temperature	❑ Increase lighting (water-proof shower light)	❑ Easy to use soap/shampoo dispenser
❑ Limited range	■ Lighting	❑ Slip resistant bottom via non slippery coating, abrasive strips or rubber mats	❑ Wash mitt
❑ Poor grip	■ Soap dish height/shampoo location	❑ Recessed soap dispenser with ledge at suitable height when standing or sitting	❑ Back brush (curved handle)
❑ Poor tolerance	■ Type of soap/shampoo dispenser	❑ Toilet accessories within easy reach	❑ Supervision
❑ Muscle weakness	■ Access to toilet accessories (face cloth, brush, shower cap, etc.)	❑ Adjust water temperature to 46°C	
❑ Poor balance	■ Ease of use of shower	❑ Grab bars	
❑ Obesity	■ Hot/cold water adjustment	❑ Shower stool/bench	
	■ Water tightness of curtain or door	❑ Hand-held shower on vertical rod or high and low mounting brackets	
	■ Water accumulation on floor/walls after showering	❑ Translucent and watertight shower curtain or tempered glass door	
	■ Drainage in shower area	❑ Improve drainage/prevent water from leaking out of shower stall, tub	
		❑ Treatment of shower walls with waterproof materials	

Comments: _____

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

27. Reach towel before stepping out?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor coordination (upper limbs, lower limbs)	■ Towel rail location	❑ Heat lamp/electric heater with automatic shut-off	❑ Place towel within easy access before leaving shower
❑ Poor balance	■ Strength and safety of towel rail	❑ Towel rail within easy reach	
❑ Limited range (upper limbs)		❑ Install grab bar	

Comments: _____

Taking a bath ❑ N.A. ——→ Go to question 34

28. Get in/out of bathtub?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor coordination (lower limbs)	■ Height of step	❑ Well-anchored grab bars at appropriate height, position (vertical/horizontal) or easy clamp on/off grab bars	❑ Learning new techniques
❑ Limited range (lower limbs)	■ Existence of grab bars	❑ Removable bath bench	❑ Supervision
❑ Muscle weakness	■ Non-slip surface in and outside bathtub	❑ Non-slip flooring inside and outside tub	❑ Assistance
❑ Poor balance			
❑ Reduced mobility			
❑ Obesity			

Comments: _____

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

29. Sit down on/get up from bottom of tub?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Poor coordination	Check: ■ Existence of: — grab bars — non-slip surface in and outside bath	❑ Well-anchored grab bars at appropriate height, position and place	❑ Take a shower
❑ Limited range (upper limbs, lower limbs)	■ Depth of bath and seating by bathtub	❑ Hydraulic seat	❑ Learning new techniques
❑ Poor tolerance		❑ Removable bath bench/stool (for shower use)	❑ Supervision
❑ Muscle weakness ❑ Poor balance ❑ Reduced mobility		❑ Non-slip flooring inside tub	❑ Assistance

Comments: _____

30. Put/pull plug in bathtub?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Poor grip ❑ Poor coordination	Check: ■ The type of control or plug ■ Location of "drain" (out of functional reach)	❑ Lever type mechanism ❑ Chain on plug	❑ Reacher
❑ Limited range (trunk, upper limbs)		❑ Flat type plug or larger control	
❑ Poor vision		❑ Outline of drain in contrasting colour	

Comments: _____

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

31. Turn faucets on/off?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Poor grip ❑ Limited range (upper limbs) ❑ Muscle weakness ❑ Poor balance	Check: ■ Access to controls ■ Type of controls	❑ Lever type ❑ Single-action faucet ❑ Change faucet location ❑ Extension of faucet handle	

Comments: _____

32. Wash/rinse body and hair?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Poor grip ❑ Poor coordination ❑ Limited range (upper limbs, trunk) ❑ Muscle weakness/low resistance ❑ Poor balance ❑ Obesity	Check: ■ Room temperature, draft ■ Lighting ■ Type and height of soap dish/shampoo shelf ■ Access to toilet accessories (brush, face cloth, etc.) ■ Presence of grab bars	❑ Reduce, eliminate draft ❑ Increase lighting ❑ Deep recess soap dish at correct height ❑ Toilet accessories within easy reach ❑ Grab bars ❑ Bath bench/stool ❑ Hand-held shower or adjustable shower hose on vertical pole	❑ Take a shower ❑ Plastic containers to spray ❑ Wash mitt ❑ Back brush with curved handle ❑ Easy to use soap/shampoo dispenser ❑ Supervision ❑ Assistance

Comments: _____

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

33. Reach towel before stepping out?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Poor coordination (upper limbs, lower limbs) ❑ Limited range (upper limbs) ❑ Poor balance	Check: ■ Towel rail location ■ Strength and safety of towel rail	❑ Heat lamp/electric heater with automatic shut-off ❑ Towel rail within easy reach	❑ Access to towel before stepping out of bath

Comments: _____

34. Clean bathtub/shower stall?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Poor grip ❑ Limited reach (trunk, upper limbs, lower limbs) ❑ Poor tolerance ❑ Muscle weakness ❑ Poor balance ❑ Wheelchair dependent ❑ Poor vision	Check: ■ General cleanliness ■ Lighting in tub and shower ■ Depth and size of tub/shower ■ Enamel's condition	❑ Vapour proof lighting ❑ Easy-to-clean wall surfaces ❑ Treat tub enamel ❑ Fungus-proof caulking ❑ Adequate ventilation to prevent moisture ❑ Hand-held shower head to facilitate cleaning/rinsing tub or stall	❑ Long-handled brush ❑ Easy cleaning products ❑ Assistance

Comments: _____

SUMMARY: BATHING AND PERSONAL HYGIENE

FILE NUMBER:

COMMENTS

RECOMMENDATIONS	DESCRIPTION OF EQUIPMENT SPECIFICATIONS AND/OR ADAPTATIONS	COST

USING THE TOILET

Questions 35 to 38

35—Sit down/get up
36—Reach/use toilet paper
37—Flush the toilet
38—Clean the toilet

Room(s): Toilet room, bathroom

USING THE TOILET

Do you perform the following activities alone and without difficulty:

35. Sit down/get up?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations: Housing	Recommendations: Other
❑ Poor coordination	Check: ■ Existence of support system (grab bars, counter tops, etc.) — location — type — safety features	❑ Single or bilateral grab bar at correct height, place and position	
❑ Limited range (lower limbs)	■ Toilet height to top of seat	❑ Adjust height of toilet seat — raised toilet seat — commode chair	
❑ Muscle weakness (lower limbs) ❑ Poor balance ❑ Wheelchair dependent ❑ Obesity			

Comments: _____

36. Reach/use toilet paper?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations: Housing	Recommendations: Other
❑ Poor grip/dexterity	Check: ■ Access to toilet roll	❑ Change position of toilet roll	❑ Select individual aid to dry/wipe oneself
❑ Poor coordination	■ Ease of removing and replacing toilet tissue	❑ Toilet roll easy to replace and easy to use	❑ Use kleenex instead of toilet paper
❑ Limited range ❑ Muscle weakness ❑ Poor vision ❑ Obesity			

Comments: _____

USING THE TOILET

Do you perform the following activities alone and without difficulty:

37. Flush the toilet?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Poor grip/dexterity	Check: ■ Location of handle of flush toilet	❑ Enlarge, lengthen or adapt the handle (the cord, the button)	■ Reacher (a long-handled aid for reaching inaccessible objects)
❑ Poor coordination	■ Type of flushing mechanism	❑ Relocate flush mechanism in reachable position	
❑ Limited range	■ Existence of support system (grab bar)	❑ Grab bar behind toilet	
❑ Poor vision			
❑ Poor balance			

Comments: _____

38. Clean the toilet?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Poor coordination	Check: ■ General maintenance	❑ Adequate lighting placement	❑ Long-handled mop
❑ Limited range (trunk, upper limbs)	■ Lighting	❑ Replace toilet seat	❑ Cleaning/disinfecting soaking products
❑ Muscle weakness	■ Seat condition	❑ Plumbing work	
❑ Poor balance	■ Mechanical operation of toilet		
❑ Wheelchair dependent	■ Plumbing in good condition		

Comments: _____

SUMMARY: USING THE TOILET

FILE NUMBER:

COMMENTS

RECOMMENDATIONS	DESCRIPTION OF EQUIPMENT SPECIFICATIONS AND/OR ADAPTATIONS	COST

PREPARING MEALS

Questions 39 to 55

39—Turn sink faucets on/off and adjust water temperature
40—Use small kitchen appliances
41—Turn on/off hood fan, stove, oven, dishwasher
42—Take food in/out of oven
43—Take food in/out of refrigerator
44—Open/close drawers and cupboard doors
45—Take dishes, pots, pans, food in/out of cupboards
46—Carry food and dishes from place to place
47—Move on/off chair
48—Peel, grate, cut vegetables, fruits, meat, cheese, bread
49—Open containers, cans, jars
50—Check cooking process
51—Fill up/empty pots
52—Wash/dry dishes
53—Wash/wipe the countertops, table, stove, oven, refrigerator
54—Purchase/store groceries
55—Dispose of garbage bags

Room(s): Kitchen

PREPARING MEALS

Do you perform the following activities alone and without difficulty:

39. Turn sink faucets on/off and adjust water temperature?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor grip/dexterity	■ Access to sink	❑ Clear space underneath sink/insulate plumbing	
❑ Limited range (upper limbs)	■ Type of faucet	❑ Lever type faucet handles	
❑ Wheelchair dependent	■ Hot water temperature	❑ Install hand spray with finger control	
❑ Reduced sensitivity to hot/cold		❑ Single action faucet	
		❑ Set water temperature centrally to 46℃	

Comments: _____

40. Use small kitchen appliances (electric mixer, toaster, blender, etc.)?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor grip	■ Location of small kitchen appliances	❑ Special indicator (colour/texture coded) on appliances for speed force, etc.	
❑ Poor coordination (upper limbs)	■ Height and location of wall plugs/outlets	❑ Adapt appliances (add extra handles, lengthen knobs, etc.)	
❑ Limited range (upper limbs)	■ The type of electrical outlet	❑ Relocate storage space to facilitate access to key items	
❑ Muscle weakness	■ Electrical loads/circuits	❑ Use permanent connections for key items with on/off	
❑ Poor vision		❑ Improve access to outlets	
		❑ Large and easy-to-hold plugs	
		❑ Improve circuit loading	

Comments: _____

PREPARING MEALS

Do you perform the following activities alone and without difficulty:

41. Turn on/off hood fan, stove, oven, dishwasher?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor grip	■ Access to controls	❑ Controls easy: — to read, reach, manipulate	❑ Aids to reach or turn faucet
❑ Poor coordination (upper limbs)	■ Size and type of controls	❑ Accentuate key position with appropriate cues on controls	
❑ Limited range/reach (upper limbs) ❑ Wheelchair dependent	■ The visibility of code on controls	❑ Use time control mechanism where possible ❑ Controls at the front preferred	
❑ Sensory loss (touch) ❑ Poor vision ❑ Memory loss (forgetful)			

Comments: _____

PREPARING MEALS

Do you perform the following activities alone and without difficulty:

42. Take food out of/put in oven?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Poor grip	Check: ■ Height of oven	❑ Pull out shelf below built-in oven for hot items	❑ Extra long oven mitts
❑ Poor coordination ❑ Limited range (trunk, upper limbs)	■ Door opening mechanism ■ Availability of counter space by the oven or other resting place for hot dish	❑ Use movable carts/tables ❑ Easy to pull/push oven shelves	❑ Lightweight dishes
❑ Muscle weakness		❑ Oven doors (side opening preferred)	
❑ Poor balance ❑ Wheelchair dependent ❑ Poor vision ❑ Sensory loss (touch)		❑ Microwave oven preferred	

Comments: _____

43. Take food out of/put in refrigerator?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Poor grip	Check: ■ Lighting in refrigerator	❑ Increase lighting (replace bulb)	❑ Energy saving techniques — arrange frequently used or heavy items within easy reach — arrange seldom used items in the back or on lower shelves
❑ Poor coordination (upper limbs) ❑ Limited range (upper limbs and trunk) ❑ Muscle weakness ❑ Poor balance ❑ Wheelchair dependent ❑ Poor vision	■ Height and depth of the refrigerator shelves ■ Refrigerator's general condition	❑ Add or remove shelving, or add half-shelves, baskets ❑ Refrigerator with side-by-side doors preferred ❑ Raise small refrigerator	

Comments: _____

PREPARING MEALS

Do you perform the following activities alone and without difficulty:

44. Open/close drawers and cupboard doors?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Poor grip	Check: ■ Functional height of shelves/drawers	❑ Relocate storage to ensure maximum use of easily accessible cupboards and drawers	❑ Belts, straps, or reacher that allow the user to reach door or drawer handles
❑ Limited range (upper limbs)	■ Surface of cupboard shelves	❑ "D" type handles on cupboards/drawers	❑ Reacher (a long-handled aid for reaching inaccessible objects)
❑ Muscle weakness	■ Type of hardware ■ Weight of drawers	❑ Drawers on ball-bearings ❑ Install new hardware on doors ❑ Eliminate doors	

Comments: _____

PREPARING MEALS

Do you perform the following activities alone and without difficulty:

45. Take dishes, pots, pans, food out of/put in cupboards?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Limited reach (upper limbs)	■ Lighting	❑ Improve lighting	❑ Long-handled reacher
❑ Poor tolerance	■ Height of shelves	❑ Increase storage at functional height: — add shelves below cupboards — hang basket under existing shelves — lower shelves — dish rack on counter — mobile storage unit	❑ Energy saving methods: — storage of large or frequently used items within easy reach — Storage of seldom used items in higher storage space
❑ Muscle weakness	■ Surface of storage area	❑ Install transparent shelving for shelves above eye level	
❑ Poor balance		❑ Reduce depth of wall cupboard shelving above shoulder level	
❑ Wheelchair dependent		❑ Pull-out storage units under counter	
❑ Poor vision		❑ Lazy susan at corners	
		❑ Colour, texture coded for easy location	
		❑ Sturdy and safe bench	

Comments: _____

PREPARING MEALS

Do you perform the following activities alone and without difficulty:

46. Carry food and dishes from place to place (from counter to table, etc)?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations: Housing	Recommendations: Other
❑ Poor grip	Check: ■ Distance between the refrigerator, stove/oven, and kitchen table	❑ Relocate storage	❑ Walking aid (walker with basket)
❑ Poor coordination (upper limbs, lower limbs)	■ Continuity of counter between stove, refrigerator and sink	❑ Movable cart to carry food/dishes from stove to table	❑ Wheelchair tray
❑ Muscle weakness	■ Floor condition/obstacles	❑ Cut down distance between work areas	
❑ Poor balance		❑ Countertop all at same level between refrigerator, sink and range (cooktop)	
❑ Reduced mobility ❑ Wheelchair dependent ❑ Poor vision		❑ Remove obstacles ❑ Repair flooring	

Comments: _____

47. Move on/off chair?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations: Housing	Recommendations: Other
❑ Poor coordination	Check: ■ Height of chairs	❑ Raise chair with wooden blocks	
❑ Limited reach (trunk, lower limbs)	■ Presence of arm-rests on chairs	❑ Chair with arm-rests, smooth and easy to grasp	
❑ Muscle weakness		❑ Ejectable seat	
❑ Poor balance		❑ Firm cushion	
❑ Wheelchair dependent			

Comments: _____

PREPARING MEALS

Do you perform the following activities alone and without difficulty:

48. Peel, grate, cut vegetables, fruits, meat, cheese, bread?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor grip	■ Type/efficiency of domestic appliances in use	❑ Food processor	❑ Food or equipment stabilizer
❑ Poor coordination	■ Counter height	❑ Pull-out lapboard	❑ Aids or devices (e.g.: special knife grater with suction cups)
❑ Muscle weakness	■ Amount of working space	❑ Sink board on top of sink	❑ Labour saving techniques — use pre-sliced cheese, bread
❑ Poor tolerance	■ Possibility of activities in sitting position	❑ "Roll-about" chair with lockers to reduce exertion	
❑ Poor vision			

Comments: _____

49. Open containers, cans, jars?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor grip	■ Type of containers used	❑ V-shaped jar opener under cupboards	❑ Use easy-to-handle containers
❑ Poor coordination	■ Type of can opener	❑ Wall or counter mounted electric can opener	
❑ Muscle weakness	■ Location of can opener	❑ Electric can opener	
❑ Poor vision		❑ Adapted can opener	
		❑ Aids or devices (jar openers, rubber hand grip)	

Comments: _____

PREPARING MEALS

Do you perform the following activities alone and without difficulty:

50. Check cooking process?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Reduced mobility ❑ Wheelchair dependent ❑ Poor vision ❑ Memory loss	Check: ■ Lighting ■ Possibility of sitting by the stove	❑ Task lighting ❑ Slanted mirror if sitting is needed ❑ Range or stove at functional height ❑ Supported seating in kitchen to reduce exertion ❑ Electric appliances with automatic shut-off mechanism preferred — electric frying pan — microwave oven — toaster oven ❑ Smoke detector ❑ Fire extinguisher	❑ Timer with loud bell

Comments: _____

PREPARING MEALS

Do you perform the following activities alone and without difficulty:

51. Fill up/empty pots?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	'Home Check-List	Recommendations	
		Housing	Other
❑ Poor grip	Check: ■ Height and depth of sink	❑ Eliminate space between counter and appliances cooktop/range and sink	❑ Devices: — metal strainer with handle (steamer) — clip-on handle — pouring aids
❑ Poor coordination	■ Distance between stove and sink	❑ Use of movable carts between cooktop/stove and sink	❑ Demonstration of new techniques — slide plates on counter — allow water to cool before emptying pan — steam cook
❑ Muscle weakness	■ Continuity of counter between stove and sink	❑ Long water spout or flexible hose to reach over countertop	
❑ Poor balance ❑ Wheelchair dependent ❑ Sensory loss (touch) ❑ Poor vision			

Comments: _____

PREPARING MEALS

Do you perform the following activities alone and without difficulty:

52. Wash/dry dishes (use dishwasher)?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor grip	■ Lighting	❑ Task lighting	❑ Adapted brush
❑ Poor coordination	■ Space to sit while washing	❑ Allow for space under sink for legs/insulate plumbing	❑ Energy saving techniques (e.g.: rinse dishes after use, drip dry)
❑ Poor tolerance (upper limbs)	■ Access to sink, and ease of use	❑ Lever type faucets	❑ Lightweight, unbreakable dishes
❑ Muscle weakness	■ Counter space beside sink	❑ Add counter space on either side of sink	❑ Easy clean stove and pans
❑ Poor vision	■ Access to dishwasher — sufficient space around dishwasher — dishwasher height	❑ Adapt controls on dishwasher to facilitate use (lever controls, colour, texture coded)	
❑ Sensory loss	■ Hot water temperature	❑ Portable dishwasher — easy to connect — easy to move	
❑ Poor balance			
❑ Wheelchair dependent			

Comments: _____

PREPARING MEALS

Do you perform the following activities alone and without difficulty:

53. Wash/wipe the counter top, table, stove, oven, refrigerator?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor grip	■ General cleanliness	❑ Countertop, with easy cleaning material preferred	❑ Long-handled sponge
❑ Limited range (upper limbs)	■ Lighting	❑ Hood fan	❑ Wash mitt
❑ Muscle weakness	■ Counter depth and height	❑ Self cleaning oven and self defrosting freezer or refrigerator preferred	❑ Scour-free products
❑ Poor tolerance	■ Type of finish on countertop		❑ Assistance at regular intervals
❑ Poor balance	■ Type of electrical appliances (oven, refrigerator)		
❑ Wheelchair dependent	■ Sources of dust or dirt		

Comments: _____

54. Purchase/store groceries?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor tolerance	■ Adequate/usable refrigerator and cupboard storage space for storing items	❑ Adequate cold storage space for one week or more supplies	❑ Walking aids (walker with basket)
❑ Muscle weakness	■ Sufficient food supply to last till next shopping day	❑ Increase storage space (add pantry, shelves, baskets, etc.)	❑ Shopping cart
❑ Poor balance	■ Tackboard near storage for list		❑ Meals on wheels
❑ Reduced mobility			❑ List of local stores that deliver
❑ Wheelchair dependent			❑ List of stores that take telephone orders
❑ Poor vision			❑ Emergency pack
			❑ Escort to store
			❑ Assistance

Comments: _____

PREPARING MEALS

Do you perform the following activities alone and without difficulty:

55. Dispose of garbage?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Muscle weakness	■ Location of garbage pick-up (interior/exterior)	❑ Garbage can easy to use, at good height, good location	❑ Mobility aid (walker with basket)
❑ Reduced mobility		❑ Movable carts for moving garbage bags	❑ Labour-saving techniques: — push/pull sacks rather than lift — use smaller bags
❑ Wheelchair dependent		❑ Garbage can on wheels	❑ Assistance
❑ Poor vision		❑ Improve handle or opening mechanism on garbage chute	

Comments: _____

SUMMARY: PREPARING MEALS

FILE NUMBER:

COMMENTS

RECOMMENDATIONS	DESCRIPTION OF EQUIPMENT SPECIFICATIONS AND/OR ADAPTATIONS	COST

DOING THE LAUNDRY

Questions 56 to 63

56—Do hand-washing
57—Carry laundry bag or basket
58—Fill/empty washing machine
59—Read/work washing machine controls
60—Fill/empty dryer
61—Read/work dryer controls
62—Hang up washing
63—Iron clothes

Room(s): Laundry room or area

Other (specify)

DOING THE LAUNDRY

Do you perform the following activities alone and without difficulty:

56. Do hand-washing?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Poor grip ❑ Limited range (upper limbs) ❑ Poor tolerance ❑ Wheelchair dependent ❑ Poor vision ❑ Sensory loss (touch)	Check: ■ Height of laundry tub, sink, pail ■ Water accumulation on floor ■ Space under sink/laundry tub	❑ Rethink location or equipment for handwashing ❑ Clear space below sink to allow person to sit/insulate plumbing	❑ Use products for presoak

Comments: _____

Do you have access to an automatic washing machine?

❑ No → Go to question 60 ❑ Yes

57. Carry laundry bag or basket?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Poor grip ❑ Poor tolerance ❑ Muscle weakness ❑ Poor balance ❑ Reduced mobility ❑ Wheelchair dependent	Check: ■ Lighting on pathway ■ Distance and obstacles to washing area	❑ Improve lighting ❑ Movable cart to transport clothes ❑ Laundry chute from upper levels ❑ Handrail on stairs ❑ Relocate washer/dryer to usable space	❑ Mobility aids ❑ Use of shopping cart ❑ Use belt to pull basket or hold bag on shoulder

Comments: _____

DOING THE LAUNDRY

Do you perform the following activities alone and without difficulty:

58. Fill/empty washing machine?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Limited range (upper limbs)	Check:	❑ Adjust/increase lighting, task lighting	❑ Net bag for small items
❑ Wheelchair dependent	■ Lighting in general	❑ Mirror placed at angle to see inside washing machine	❑ Long reacher
❑ Poor vision	■ Height of machine		❑ Flashlight
	■ Space beside washing machine		

Comments: _____

59. Read/work washing machine controls?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Poor grip	Check:	❑ Task lighting	❑ Aids or reacher for accessing the controls
❑ Limited range (upper limbs)	■ Lighting	❑ Controls easy to read and use	
❑ Poor vision	■ Type and size of controls	❑ Colour and texture coded controls	
	■ Access to controls	❑ Lever type controls	
		❑ Relocate controls within easy reach	

Comments: _____

DOING THE LAUNDRY

Do you perform the following activities alone and without difficulty:

Do you have access to a dryer? ❑ No ——→ Go to question 62 ❑ Yes

60. Fill/empty dryer?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Limited range (trunk, upper limbs)	■ Lighting	❑ Good lighting	❑ Flashlight
❑ Muscle weakness	■ Height of door opening	❑ Small dryer with front opening, place on counter (stall)	❑ Reacher
❑ Poor vision	■ Space available in front of door	❑ Sufficient space in front of dryer to allow easy reach	
	■ Ease of opening of door	❑ Door handle easy to grip	
		❑ Provide space to place or fold clothing	

Comments: _____

61. Read/work dryer controls?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor grip	■ Lighting	❑ Increase lighting	❑ Aid—reacher for accessing the controls
❑ Limited range (upper limbs)	■ Type, size of controls	❑ Controls easy to see and use colour/texture coded	
❑ Poor vision	■ Access to controls	❑ Lever handle for controls	
		❑ Relocate controls within easy reach	

Comments: _____

DOING THE LAUNDRY

Do you perform the following activities alone and without difficulty:

62. Hang up washing?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Poor grip ❑ Limited range (upper limbs) ❑ Poor tolerance ❑ Poor balance ❑ Wheelchair dependent ❑ Poor vision	Check inside: ■ Access to clothes line ■ Humidity of rooms ■ Height of line ■ Type of clothespins Check outside: ■ Access to clothesline ■ Height of clothesline ■ Type of clothespins	❑ Wide and stable platform ❑ Adjust height of clothes-lines ❑ Portable lightweight clothes rack	❑ Non-spring pegs

Comments: _____

63. Iron clothes?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Poor grip ❑ Poor tolerance ❑ Poor vision ❑ Sensory loss ❑ Poor memory (forgetful)	Check: ■ Lighting ■ Height of ironing board ■ Storage of iron and board ■ Height and ease of access to electric outlet ■ Size of the plug ■ Stability of iron and ironing board	❑ Task lighting ❑ Adjustable ironing board to sitting position ❑ Stable board/stable iron ❑ Board—easily stored ❑ Easy access to wall outlet ❑ Ease of use placing plug into outlet ❑ Redesign ironing space with built-in ironing centre including iron, ironing board, built-in lighting, etc. ❑ Guide on iron for the blind ❑ Iron with automatic shut-off	❑ Wash and wear clothing recommended

Comments: _____

SUMMARY: DOING THE LAUNDRY

FILE NUMBER:

COMMENTS

RECOMMENDATIONS	DESCRIPTION OF EQUIPMENT SPECIFICATIONS AND/OR ADAPTATIONS	COST

CLEANING THE HOUSE

Questions 64 to 67

64—Dust
65—Use vacuum-cleaner/broom
66—Wipe/wash floor
67—Wash windows

Room(s): All rooms

CLEANING THE HOUSE

Do you perform the following activities alone and without difficulty:

64. Dust?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor coordination	■ Amount of jumble	❑ Avoid cluttered room	❑ Long-handled feather duster
❑ Limited range (upper limbs and trunk)	■ Sources of dust or dirt	❑ Shelves with doors for ornaments	❑ Dust mitten
❑ Muscle weakness	■ Storage space of equipment	❑ Air conditioner in areas exposed to high dust pollution	❑ Assistance at regular intervals
❑ Wheelchair dependent		❑ Clean air ducts and change filters	

Comments: _____

CLEANING THE HOUSE

Do you perform the following activities alone and without difficulty:

65. Use vacuum-cleaner/broom?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Poor grip	Check: ■ Type of vacuum-cleaner, type of plug	❑ Lighter vacuum-cleaner with electric carpet brush, easy to use and move	❑ Lightweight long-handled dust pan and brush
❑ Poor coordination	■ Height of wall plug	❑ Central vacuum system preferred	❑ Assistance at regular intervals
❑ Poor tolerance	■ Type of floor covering	❑ Modify height of electrical outlets	
❑ Poor balance ❑ Reduced mobility ❑ Wheelchair dependent ❑ Poor vision	■ Presence of obstacles	❑ Modify size of plug (male) ❑ Remove carpet in kitchen ❑ Rearrange furniture	

Comments: _____

CLEANING THE HOUSE

Do you perform the following activities alone and without difficulty:

66. Wipe/wash floor?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations: Housing	Recommendations: Other
	Check:		
❑ Limited range (upper limbs and trunk)	■ Size of dwelling unit	❑ Replace flooring with slip resistant, easy-to-clean flooring material	❑ Lightweight mop easy to squeeze
❑ Poor tolerance	■ General cleanliness	❑ Hard floor surface or tight pile carpeting	❑ Mop with long/flexible handle
❑ Muscle weakness	■ Type of floor covering	❑ Movable carts/bucket on wheels	❑ Detergent which does not require rinsing
❑ Poor balance	■ Condition of floor covering	❑ Storage cart and cleaning supplies all in one place and in different parts of the house (kitchen, bathroom, etc.)	❑ Kneeling helper device
❑ Reduced mobility	■ Type of cleaning supply		❑ Assistance at regular intervals
❑ Poor vision			
❑ Wheelchair dependent			

Comments: _____

67. Wash windows?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations: Housing	Recommendations: Other
	Check:		
❑ Poor grip	■ General cleanliness	❑ Reduce dirt exposure from inside (hood fan over stove, dehumidifier	❑ Long-handled window wiper
❑ Limited range	■ Height of windows	❑ Improve system for opening windows to facilitate cleaning — removable sliders — easy to operate hardware	❑ Needs assistance at regular intervals
❑ Poor tolerance	■ Number of windows		
❑ Muscle weakness	■ Dust/dirt exposure		
❑ Poor balance			
❑ Wheelchair dependent			
❑ Poor vision			

Comments: _____

SUMMARY: CLEANING THE HOUSE

FILE NUMBER:

COMMENTS

RECOMMENDATIONS	DESCRIPTION OF EQUIPMENT SPECIFICATIONS AND/OR ADAPTATIONS	COST

USING THE TELEPHONE

Questions 68 to 69

68—Answer the phone
69—Dial a number

Room(s):

USING THE TELEPHONE

Do you perform the following activities alone and without difficulty:

68. Answer the phone?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor coordination	■ Number of telephones and telephone "jacks" in the home	❑ Increase number of available "jacks"	❑ Hearing aid
❑ Reduced mobility	■ Telephone location, type	❑ Chair by telephone	
❑ Hearing loss	■ The possibility of specific adjustments on the telephone	❑ Louder signal/bell	
❑ Impaired speech		❑ Bell or flashing light link-up ❑ Cordless phone ❑ Adapted phone for special needs: — volume regulation — enlarge amplifier ❑ Provide quiet phone space or phone within easy access	

Comments: _____

USING THE TELEPHONE

Do you perform the following activities alone and without difficulty:

69. Dial a number?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Impaired hand function	Check: ■ Lighting	❑ Separate lighting near telephone	❑ Magnifying glass
❑ Poor coordination (upper limbs, hand)	■ Access to phone in strategic location (bedroom, bathroom, kitchen)	❑ Chair by telephone	❑ Telephone book nearby
❑ Poor vision	■ Type of telephone (dial or touch-tone)	❑ Telephone with memory (automatic dialing)	❑ Phone company assistance program
❑ Sensory loss (fingers)	■ Alternative call/signal mechanism in case of emergency	❑ Touchtone telephone	
❑ Poor memory		❑ Large numbers ❑ Colour contrast of numbers ❑ Emergency call bell or link up with a central station in case of distress or illness	

Comments: _____

SUMMARY: USING THE TELEPHONE

FILE NUMBER:

COMMENTS

RECOMMENDATIONS	DESCRIPTION OF EQUIPMENT SPECIFICATIONS AND/OR ADAPTATIONS	COST

70—Move on/off sofa
71—Turn radio/television on/off and select channels
72—Collect mail

Room(s):

Radio
Television
Mail

ENJOYING LEISURE/DOING BUSINESS

Do you perform the following activities alone and without difficulty:

70. Move on/off sofa?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Poor coordination	■ Height of sofa	❑ Raise sofa with wooden blocks	
❑ Limited range (trunk, lower limbs)	■ Type of cushion	❑ Sofa with smooth and easy to grasp arm-rests	
❑ Muscle weakness	■ Presence of arm-rests	❑ Ejectable seat	
❑ Poor balance		❑ Board under cushion	
❑ Wheelchair dependent		❑ Firm cushion	

Comments: _____

71. Turn radio/television on/off and select channels?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
	Check:		
❑ Impaired hand function	■ Height, and ease of access of item (radio/TV)	❑ Remote control	❑ Devices/aids to grip, pinch or fine tune
❑ Poor coordination (upper limbs, hand)	■ Size and type of knobs/ controls	❑ Easy to handle or read controls:	
❑ Reduced mobility	■ Legibility of controls	❑ Enlarged colour coded controls	
❑ Poor vision		❑ Dark background with light legend on controls	
		❑ Lever on controls	

Comments: _____

ENJOYING LEISURE/DOING BUSINESS

Do you perform the following activities alone and without difficulty:

72. Collect the mail?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Poor coordination (for key lock boxes)	Check: ■ Height of mail box	❑ Change height or location (lower, relocate to side/back entrance)	❑ Assistance (neighbours, friends)
❑ Poor balance	■ Size of opening in door, or mail box	❑ Mail box easy to empty with no rough edge	
❑ Reduced mobility	■ Accessibility to mail box	❑ Basket/shelf below door opening	
❑ Wheelchair dependent	■ Type of locking mechanism (in apts)	❑ Enlarge key or simplify locking mechanism	

Comments: _____

SUMMARY: ENJOYING LEISURE/DOING BUSINESS

FILE NUMBER:

COMMENTS

RECOMMENDATIONS	DESCRIPTION OF EQUIPMENT SPECIFICATIONS AND/OR ADAPTATIONS	COST

TAKING MEDICATION

Question 73

73—Take medication

Room(s):

TAKING MEDICATION

Do you perform the following activities alone and without difficulty:

73. Take medication?

❑ No ❑ Yes ❑ N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
❑ Poor grip	Check: ■ Access to medicine cabinet, medicine storage area	❑ Medicine cabinet, cupboard or storage units easy to reach, and well lit	❑ Medication well labelled/easy to reach
❑ Poor coordination	■ Lighting	❑ Easy-to-open cabinet	❑ Easy-to-open container/bottles
❑ Memory loss (forgetful)		❑ Medicine cabinet located to the side rather than above the sink or toilet	❑ Memory aid — use of medicine container that holds specific amounts of medication on per diem basis — calendar — clock
❑ Poor vision			❑ Supervision ❑ Assistance

Comments: _____

SUMMARY: TAKING MEDICATION

FILE NUMBER:

COMMENTS

RECOMMENDATIONS	DESCRIPTION OF EQUIPMENT SPECIFICATIONS AND/OR ADAPTATIONS	COST

Part 4

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

_____

_____

_____

_____

RECOMMENDATIONS

- ☐ Home could be adapted to increase independence in activities of daily living
- ☐ Should be referred to Local Community Service Centre or other community centres:
  - ☐ Meals on Wheels
  - ☐ Housekeeping services
  - ☐ Heavy household assistance
  - ☐ Assistance for bathing/showering
  - ☐ Nursing
  - ☐ Physiotherapy
  - ☐ General practitioner
  - ☐ Other; specify _____
- ☐ Should be referred to housing repair or renovation program. Explain:

_____

_____

_____

- ☐ This person should move:
  - ☐ Unhealthy housing
  - ☐ Unsafe housing
  - ☐ Other, specify _____